Billing Manual for In-State Long Term Care Nursing Facilities

Medical Services
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October 2004

INTRODUCTION

The purpose of this manual is to outline billing procedures for services provided to individuals eligible for Medical Assistance by in-state long term care nursing facilities.

BASIC BILLING GUIDELINES FOR SUBMITTING IN-STATE LONG TERM CARE NURSING FACILITY CLAIMS

- In-state LTC nursing facility claims must be submitted to North Dakota Medicaid on paper (UB-92 form) or electronically using the ANSI X12 4010A1 837 Institutional Health Care Claim transaction.

- In-state LTC nursing facility claims must be submitted to North Dakota Medicaid using a *Bill Type* **210-299.** The generally accepted bill type is **213.** Refer to the National Uniform Billing Data Element Specifications UB-92 manual if the facility chooses to use a bill type other than 213. Use of any other Bill Type other than 210-299 for in-state LTC nursing facility claims will be invalid.

- In-state LTC nursing facility claims must be submitted to North Dakota Medicaid using the following *Revenue Codes* when billing for:

Revenue Code **120**	In-House Medicaid Days	(formerly service code **3**)
Revenue Code **160**	Medicare Full Benefit Period Days	(formerly service code **Q**)
Revenue Code **169**	Medicare Coinsurance Days	(formerly service code **R**)
Revenue Code **182**	Medicare Non-Covered Leave Days	(formerly service code **S**)
Revenue Code **183**	Therapeutic Leave Days	(formerly service code **1**)
Revenue Code **185**	Hospital Leave Days	(formerly service code **2**)

- The rate established for in-state LTC nursing facilities is an all-inclusive rate for routine services. Routine services include supplies, therapies, nursing facility supplies, equipment, transportation, and non-legend drugs. Separate billings for these items will not be paid. Ancillary charges that are not included in the in-state LTC nursing facility rate, such as x-ray, lab, etc. must be billed using a hospital's provider number as an outpatient hospital claim (**bill type 13x**). Pharmacy charges must be billed on a pharmacy claim form.

- A facility may choose to bill Part B services which are included in the rate, such as therapies, to Medicaid for purposes of receiving a denial of the coinsurance to be used to support bad debts claimed on the Medicare cost report. The facility should submit the claim along with the EOB from Medicare. You must bill these charges using your Medicaid Nursing Facility Provider number.

- You may bill all *ancillary* charges that are included in the rate, such as therapies, by bundling the charges into one detail line. The Revenue Code and the HCPCS codes must be the same for the service to do this. Please use the appropriate number of units for all services performed in the month for that detail line. (Example: Revenue Code 440 billed with HCPCS code 92526 performed on 14 separate dates of service for the month may be billed as one detail line. You would bill this line using '14' for the Service Units (FL46) with Revenue Code 440 and HCPCS code 92526. Bundling these *ancillary* charges helps with system processing edits and prevents multi-page paper claims submissions.

- A facility must submit a claim for every month a Medicaid eligible resident is in the facility, even if insurance (including Medicare) has paid for the charges. You must submit a claim with a zero billing even if there is no balance left for Medicaid to pay. This is important because when we receive the long-term care claim (even if zero billing), it allows the system to start applying recipient liability towards other claims we receive. The claim should be submitted immediately after the month is over. Enter the entire amount in Form Locator #54 (PRIOR PAYMENTS) and zero (0) amount in Form Locator #55 (ESTIMATED AMOUNT DUE).

- Medicaid cannot make any payment for in-state LTC nursing facility services to the nursing facility provider if an individual has elected hospice care. The hospice is paid the rate applicable to the individual and is responsible for paying the nursing facility for services provided to the Medicaid resident. Once a recipient has elected hospice benefits, the in-state LTC nursing facility provider may not submit a claim for services provided while the recipient is on hospice.

- Submit in-state LTC nursing facility charges monthly. DO NOT bill more than one calendar month per claim.

INSTRUCTIONS FOR COMPLETING IN-STATE LTC NURSING FACILITY CLAIMS

Listed below are instructions addressing all required fields for submission of in-state LTC nursing facility claims to North Dakota Medicaid. The **form locators (FL)** for the paper UB-92 claim form are listed below along with an explanation of the field. These fields will also be required if the claim is being submitted electronically. Please see the ANSI X12 4010A1 837 Institutional companion guide for any Medicaid specific data field requirements. For electronic transactions, you must report the required fields that correspond to the appropriate data segment/field in the electronic claim format.

FL1 (PROVIDER NAME, ADDRESS, AND TELEPHONE NUMBER):

- Enter the provider name, address and telephone number.

FL3 (PATIENT CONTROL NUMBER):

- (Optional) Enter the patient control number. The number will appear on the remittance advice (RA).

FL4 (TYPE OF BILL):

- Enter the 3-digit type of bill identifying type of facility, bill classification, and frequency. North Dakota Medicaid will require use of **Bill Type 210-299** for in-state LTC nursing facility claims. Use of any other Bill Type for in-state LTC nursing facility claims will be invalid. If the facility is in doubt as to which bill type to enter, use **213**.

FL6 (STATEMENT COVERS PERIOD):

- Enter the first date of service and the last date of service for the monthly billing period for this claim. The dates must be continuous. Enter the "From" and "Through" dates of service in MMDDYY format. If the claim covers only one day of service the "From" and "Through" dates must be equal. The "statement covers period" includes the first date of service through the last date of service, which would **include** the actual discharge date, the hospice election date, or date of death, whichever is applicable. ND Medicaid will automatically calculate and disallow any non-covered days by using the Revenue Code field and Discharge Code field.

FL7 (COVERED DAYS):

- Enter the number of covered days, which would include the actual discharge date, the hospice election date, or date of death, whichever is applicable. The number should equal the statement covers period (FL 6). ND Medicaid will automatically calculate and disallow any non-covered days by using the Revenue Code field and Discharge Code field.

FL8 (NON-COVERED DAYS):

- **DO NOT** use this field. ND Medicaid will automatically calculate non-covered days using the Revenue Code field and Discharge Code field.

FL12 (PATIENT NAME):

- Enter the recipient's last name, first name, and middle initial.

FL14 (PATIENT BIRTHDATE):

- Enter the recipient's birth date in MMDDYYYY format.

FL17 (ADMISSION DATE):

- Enter the date of admission in MMDDYY format

FL18 (ADMISSION HOUR):

- Enter the hour of admission (00-23). If unknown, enter **00**. (This field is required)

FL19 (TYPE OF ADMISSION):

- Enter the type of admission code. (This field is required) Please note: Type of Admission code **9** is invalid. If unknown, enter **3**.

1	Emergency
2	Urgent
3	Elective
4	Newborn

FL20 (SOURCE OF ADMISSION):

- Enter the source of admission code. If unknown, enter **9**.

1	Physician Referral
2	Clinic Referral
3	HMO Referral
4	Transfer from a hospital
5	Transfer from an SNF
6	Transfer form another health care facility
7	Emergency room
8	Court/Law enforcement
9	Unknown/Information not available

FL21 (DISCHARGE HOUR):

- Enter the hour of discharge (00-23). If unknown, enter **00**.

FL22 (DISCHARGE/STATUS CODE):

- Enter the patient status code. Whenever a recipient is discharged from the in-state LTC nursing facility, a code must be entered in this block. Refer to the National Uniform Billing Data Element Specifications UB-92 manual for the appropriate discharge codes or the list below. If the resident is still in the facility at the end of the month billed, use discharge code **30**.

01	Discharged to home or self care (routine discharge)
02	Discharged/transferred to another short-term general hospital for inpatient care
03	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification
04	Discharged/transferred to intermediate care facility (ICF)
05	Discharged/transferred to another type of institution for inpatient care
06	Discharged/transferred to home under care of organized home health service organization
07	Left against medical advice or discontinued care
08	Discharged/transferred to home care under care of Home IV provider
09	Admitted as an inpatient to this hospital
20	Expired
30	Still a patient
40	Expired at home

41 Expired in a medical facility (e.g. hospital, SNF, ICF, or free standing hospice)
42 Expired – place unknown
43 Discharged/transferred to a federal hospital
50 Hospice – home
51 Hospice – medical facility
61 Discharged/transferred within this institution to hospital-based Medicare approved swing bed
62 Discharged/transferred to another rehabilitation facility including rehabilitation distinct parts units of a hospital.
63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare.
65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.

FL42 (REVENUE CODE):

- Enter appropriate revenue codes for services provided. List all *non-ancillary (Room & Board)* revenue codes in ascending *Service Date* order (**FL45**), followed by **001** for the Total Charge Line.

  North Dakota Medicaid will require use of *Revenue Code* **120** when billing for In-House Medicaid Days, *Revenue Code* **160** for Medicare Full Benefit Period Days, *Revenue Code* **169** for Medicare Coinsurance Days, *Revenue Code* **182** for Medicare Non-Covered Leave Days, *Revenue Code* **183** for Therapeutic Leave Days, and *Revenue Code* **185** for Hospital Leave Days.

  Please note: You **must** enter Revenue Codes for *non-ancillary* charges in Service Date order or the claim will reject. (Example: Revenue Code **185** for DOS 06/01/04 – 06/04/04 would be billed *before* Revenue Code **120** for DOS 06/05/04 – 06/30/04) on your claim. List all ancillary charges and Revenue codes ***after*** the *non-ancillary (Room & Board)* codes.

FL43 (REVENUE DESCRIPTION):

- (Optional) Enter the revenue description.

FL44 (HCPCS/RATES):

- You **must** enter the accommodation rate for room & board or the claim will be rejected. Enter the proper HCPCS code if appropriate for Revenue code billed (ex. therapies).

FL45 (SERVICE DATE):

- You **must** enter the first date of service for the specific Revenue code you are billing on that line item. If you do not enter the first date of service in this field, the claim will be rejected.

FL46 (UNITS OF SERVICE):

- Enter the units of service applicable to each revenue code billed. The total number of units for all *non-ancillary (Room & Board)* revenue codes billed on the claim should equal the statement covers period (FL 6), and should equal the covered days (FL 7).

FL47 (TOTAL CHARGES):

- Enter the total charges for each revenue code billed.

FL50 (PAYER IDENTIFICATION):

- Enter the name (left justified) identifying each payer in order of liability.

FL51 (PROVIDER NUMBER):

- Enter your North Dakota Medicaid Provider Number (30XXX) that has been assigned for in-state LTC nursing facility services. If the incorrect provider number is used, delayed or improper payments will result.

FL54 (PRIOR PAYMENTS):

- Enter payments from other payers, excluding Medicare, corresponding to the payers listed in FL50 A, B, and C, if applicable. Medicare payments are considered by ND Medicaid using the appropriate Revenue Code (**160** or **169).** If a recipient receives proceeds from an insurance policy that covers in-state LTC nursing facility services or a supplemental policy, enter the appropriate amount(s) that apply to the total charges billed on each authorization. The amount must be subtracted from the total charges in FL 47. **DO NOT** subtract Medicare payments from FL 47. **DO NOT** enter prior North Dakota Medical Assistance payments or Recipient Liability amounts.

FL55 (ESTIMATED AMOUNT DUE):

- Enter the difference between the **Total Charges** (FL 47) and the **Prior Payments** (FL54). An entry in this block is always required. If there is not an entry in the Prior Payments (FL54), it is **required** that the total charges entered in FL47 also be entered in **Estimated Amount Due** (FL55). A claim for a Medicaid recipient must be submitted for each month the individual is in the in-state LTC nursing facility even if the balance due is zero after insurance or Medicare payments. Other Medicaid providers cannot be paid until the in-state LTC nursing facility claim is processed.

FL58 (INSURED'S NAME):

- Enter recipient's last name, first name, and middle initial.

FL60 (RECIPIENT IDENTIFICATION NUMBER):

- Enter the recipient's 9-digit North Dakota Medicaid ID number. **DO NOT** use the recipient's social security number.

FL67 (PRINCIPAL DIAGNOSIS CODE):

- Enter the principal diagnosis code from the ICD-9-CM (**DO NOT** enter decimal point). It is necessary to include at least one diagnosis code.

FL85 (PROVIDER REPRESENTATIVE SIGNATURE):

- This block must be dated and signed by the designated employee who has the responsibility to obligate the facility to the stipulations contained in this block. The signature may be typed, stamped, or handwritten.

FL86 (DATE BILL SUBMITTED):

- Enter the submission date in MMDDYY format.